



**Nassau County Department of Health**  
**100 Carman Avenue**  
**East Meadow, NY 11553**  
**Phone: 516-573-0750 Fax: 516-573-0757**  
**Email: nassaucountymrc@nassaucountyny.gov**

Edward P. Mangano  
COUNTY EXECUTIVE  
  
Maria Torroella Carney, M.D., F.A.C.P.  
COMMISSIONER OF HEALTH

# Medical Reserve Corps Volunteer Application

PERSONAL INFORMATION				
Last Name		First Name		Middle Name
Street Address				
City		County		Zip
Home Phone		Cell Phone		Home Fax
Email Address			Social Security Number	
Date of Birth		Gender (circle one)      M      F		Best Contact Method
Driver's License Number and Class		Driver's License State		Restrictions
Emergency Contact Name				Contact Phone Number

EMPLOYMENT INFORMATION		
(If you are self employed, list business name. If you are retired, complete this section with information relating to your most recent employment.)		
Business/Employer Name		Specialty
Street Address		
City		Zip
Work Phone		Work Fax
Supervisor Name		Supervisor Number
Employment Dates From                      To		

PROFESSIONAL LICENSURE, CERTIFICATION & SPECIALTIES			
(List ALL Board Certifications. Attach copies of your license and/or certifications. If you are not currently licensed, provide most recent information.)			
I. Licensed/Certified as		License/Certification Number	
Licensing/Certifying Agency	State	Exp Date	Specialty
II. Licensed/Certified as		License/Certification Number	
Licensing/Certifying Agency	State	Exp Date	Specialty
III. Licensed/Certified as		License/Certification Number	
Licensing/Certifying Agency	State	Exp Date	Specialty
Board Certification	Board Certification		Board Certification

<b>SPECIAL SKILLS</b> (Attach copies of your license and/or certifications. If you are not currently licensed, please provide most recent information. List other skills including radio license level and call letters.)									
Program	Accrediting Agency		Expiration/Certification Date						
CPR Certification									
Hazmat Training									
Bloodborne Pathogen									
Advanced Cardiac Life Support									
Other: Please specify									
Incident Command System (list all course numbers)	Course Numbers	Accrediting Agency	Certification Date						
Languages you speak or understand other than English. (Including American Sign Language.)									
Language	Speaking Level of Fluency			Reading Level of Fluency			Writing Level of Fluency		
	Excellent	Fair	Poor	Excellent	Fair	Poor	Excellent	Fair	Poor
	Excellent	Fair	Poor	Excellent	Fair	Poor	Excellent	Fair	Poor

<b>Physical Assessment</b>				
Are you able and willing to be trained to wear personal protective equipment, including N95 respirators? (circle one)	Yes	No		
Are you able to provide documentation of MMR and Hepatitis B immunity and annual Mantoux? (circle one)	Yes	No		
Medical conditions the MRC should be aware of (including allergies)				
Your overall physical health is (circle one)	Excellent	Good	Fair	Poor

<b>How Did You Hear About The MRC?</b> (Check all that apply and provide specific information)			
	Friend		Professional Organization
	Newspaper		Website
	Other		

**STATEMENT BY APPLICANT:**

All of the information that I have supplied is correct to the best of my knowledge. I do hereby give the Nassau County Department of Health (NCDOH) permission to inquire into my educational background, references, driving record, present and previous employment, licenses, certifications, and police record. I further give permission to the holder of any such records to release the same to the NCDOH. I hold the NCDOH harmless of any liability, whether civil or criminal, which may arise as a result of the release of the information about me. I also hold harmless any individual agency, business or corporation that provides information to the NCDOH.

I understand that I am a volunteer and will not be paid for any of my services.

I give permission for the NCDOH to release personal information to local, state and federal emergency management agencies and other Health and Human Service agencies as needed.

\_\_\_\_\_  
MRC Applicant Signature

\_\_\_\_\_  
Application Date

***Return application along with a copy of your professional licenses, certifications and drivers license.***

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